

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

10/019566

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/	/	/	/			52						
3	/	/	/	/			53						
4	/	/	/	/			54						
5	/	/	/	/			55						
6	/	/	/	/			56						
7	/	/	/	/			57						
8	/	/	/	/			58						
9	/	/	/	/			59						
10	/	/	/	/			60						
11	/	/	/	/			61						
12	/	/	/	/			62						
13	/	/	/	/			63						
14	/	/	/	/			64						
15	/	/	/	/			65						
16	①	①	①	①			66						
17	①	①	①	①			67						
18	①	①	①	①			68						
19	①	①	①	①			69						
20	①	①	①	①			70						
21	①	①	①	①			71						
22	/	/	/	/			72						
23	/	/	/	/			73						
24							74						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	20		21				TOTAL DEP.						
TOTAL CLAIMS	23		23				TOTAL CLAIMS						